**Practice Learning Facilitators as Roaming assessors**

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# **ABSTRACT**

In the United Kingdom, student nurses, nursing associates, and midwives are supervised by ‘practice supervisors’ and ‘practice assessors’ while completing the placement-based component of their training. Due to increased clinical commitments and recruitment challenges combined with increasing numbers of students in training, the demands for the supervision and assessment of student nurses have increased in recent years and this was exacerbated by COVID-19. The Nursing and Midwifery Council’s Standards for student supervision and assessment separated the roles of practice supervisor and assessor, giving rise to opportunities to assess students in a different way. Some integrated care systems are exploring a new role, “roaming assessor”. Roaming assessors can fulfil the role of practice assessors whilst also providing additional support for student nurses. This role is not unique to nursing and could be expanded across other professions. This article explores the use of practice learning facilitators (PLFs) as roaming assessors for student nurses in the UK and evaluates the potential benefits and limitations of this approach. Roaming Assessors may provide a useful service to deliver practice assessments, increasing the reliability and availability of assessments.

*(182 words)*

**Keywords:** SSSA, nursing, assessment, roaming, students

**CONFLICTS OF INTEREST**

The authors have no conflicts of interest to declare. Author 1 is employed as a roaming assessor.

# **KEY POINTS**

* The demands for the supervision and assessment of student nurses have increased in recent years due to increased clinical commitments, workforce shortages, and increased student numbers, and these challenges were exacerbated by the COVID-19 pandemic.
* The NMC SSSA (2023) separated the roles of practice supervisor and assessor, giving rise to opportunities to assess in a more flexible way.
* Some integrated care systems are exploring a new role, “roaming assessor”. Roaming assessors fulfil the role of practice assessors whilst also providing additional support for student nurses.
* This role is not unique to nursing and could be expanded across other professions.
* This article explores the use of practice learning facilitators (PLFs) as roaming assessors for student nurses in the UK and evaluates the potential benefits and limitations of this approach.
* Roaming Assessors may provide a useful service to deliver practice assessments, increasing the reliability and availability of assessments. They may also reduce the burden of time-consuming assessment.

# **REFLECTIVE QUESTIONS**

1. How do you provide assessment in practice?
2. How could you assess students in different ways?
3. How do you know assessments are valid and reliable in your practice area?
4. How could educators you work with improve the assessment of students?
5. What challenges do you see during the assessment of students in practice?

# **INTRODUCTION**

The World Health Organisation (2013) recognises the importance of increasing the number of health professionals who have the appropriate knowledge, skills, and capabilities for the populations they support. This expansion has been supported by the Long Term Workforce Plan, which called for a significant increase in the number of students (NHS England, 2023). Practice learning is recognised as central to developing proficiencies and identity during training, and good placements are required to ensure students achieve well in their future careers (Immonen et al. 2019). Supervisors and assessors are central to this good experience, however there has been a decline in the availability of skilled nurse educators to be involved in practice supervision and assessment (Warne et al 2010) due to increasing clinical pressures, shortages of nurses, and changes in the way education is delivered (Fawaz, Hamdan-Mansour, and Tassi, 2018). As the demands on health and care systems continue to increase (Propper et al. 2020; Willan et al. 2020; Pandit 2020), it is crucial the next generation of nurses continue to have the skills and knowledge to provide high-quality care to their patients (Ozdemir 2019; Alqahtani et al. 2020; Walsh et al. 2020; Mlambo 2021). One aspect of ensuring that student nurses are prepared for this challenge is the use of effective and appropriate assessors to meet the required standards (Immonen et al. 2019; Manetti 2019).

The Nursing and Midwifery Council (NMC) (2023) Standards for Student Supervision and Assessment (SSSA) changed the approach to practice assessment (Pearson and Wallymahmed, 2020). Many organisations provide support for students in practice including clinical educators, practice learning facilitators (Pollard et al. 2007; Ironside et al. 2014), or preceptors who support newly qualified nurses throughout the transition to practice (Whitehead et al. 2013). These roles are in addition to the requirements and prescriptions of the NMC SSSA. The NMC SSSA resulted in a move away from mentorship and the separation of assessment from supervision. There was also a new academic assessor role, and a move from competencies to proficiencies. In some clinical placement areas, clinical educators or practice learning facilitators provide the assessment function as a separate service as a “Roaming Assessor” (RA). RAs may act as practice supervisors or practice assessors, or have a role in supporting people performing these functions. This role is particularly useful in small teams where there may not be enough people to perform the practice assessor role or where individuals have not undertaken the required training, or where there may not be capacity.

The assessment criteria per part change and increase as students progress throughout their programmes, with guided participation in care and performing with increasing confidence and competence being sought in part 1, active participation in care with minimal guidance and performing with increased confidence and competence in part 2, and practising independently with minimal supervision and leading and co-ordinating care with confidence in part 3 (Pan London Practice Learning Group, 2018). Students work towards the completion of competencies and proficiencies. These terms are often used interchangeably, but they have distinct meanings. Competencies refer to a broader set of abilities, knowledge, skills, and behaviours that are essential for effective performance in a professional role. They encompass not only the technical skills required for a specific job but also include cognitive, emotional, and social skills. Proficiencies, however, are often developed over time, as a professional gains experience and expertise in specific areas, and these are assessed through practical demonstrations of skill and expertise. They refer to a high level of expertise or mastery (Halcomb et al., 2016; Nehrir et al., 2016; Leigh and Roberts, 2018). Pre-registration nursing programmes usually involve a range of assessments aimed at assessing aspects of proficiencies (table 1).

**Table 1: types of assessment used in pre-registration nursing programmes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Type** | **Description** | **Purpose** | **Method of Assessment** |
| **Episodes of Care** | Detailed accounts of specific care episodes where the student was involved. | To assess the student's ability to apply theoretical knowledge to practical care in real-life scenarios. | Evaluated by practice supervisors/assessors through direct observation and discussion, focusing on clinical decision-making and patient interaction. |
| **Proficiencies** | Specific skills and competencies that nursing students must demonstrate. | To ensure that students meet the required standards for safe and effective practice as set by the regulatory body. | Assessed through practical demonstrations, simulations, and objective structured clinical examinations (OSCEs). |
| **Professional Values** | Assessment of adherence to nursing ethics and professional conduct. | To instil and evaluate the internalisation of core nursing values like compassion, respect, and integrity. | Assessed through reflective essays, case study analyses, and observed interactions with patients and staff. |
| **Medicines Management** | Evaluation of the student’s competence in handling, administering, and managing medication. | Critical for patient safety and effective healthcare delivery. | Assessed through practical demonstrations, written examinations, and OSCEs focused on pharmacology and clinical practice. |
| **Patient/Carer/Service User Feedback Form** | Feedback gathered from patients, carers, or service users regarding the student's performance. | Provides insights into the student's interpersonal skills and patient-centered care approach. | Collected through surveys or feedback forms completed by patients or carers after receiving care. |
| **Ongoing Achievement Record** | A comprehensive record of the student's progress throughout the program. | To document and monitor the student’s continuous development and achievements. | Compiled by the student and reviewed by academic and practice assessors, including evidence of completed assessments, reflections, and feedback. |

A practice learning facilitator (PLF) is a healthcare professional who plays a key role in supporting and facilitating the learning and development of student nurses and other healthcare students during their clinical placement. PLFs are responsible for creating a supportive and educational environment in which students can gain hands-on experience and apply the knowledge they have gained in their academic programmes. The role of the PLF can vary depending on the context and setting, but they typically work closely with students, clinical supervisors, and academic staff to help ensure that students receive a high-quality clinical education experience. This may involve providing guidance and feedback to students, facilitating reflective practice, and helping to coordinate assessment activities. In some cases, PLFs may also be involved in the assessment of students, either by working with academic staff to implement assessments or by acting as "roaming assessors" who observe students in practice and provide feedback on their performance (Derbyshire Community Health Services, 2023). PLFs tend to be employed by health or care organisations.

A “Roaming Assessor” (RA) is a healthcare professional who is responsible for observing and assessing students in clinical practice to evaluate their performance and progress. RAs typically move from one student to another, rather than being assigned to a specific student for the duration of the placement, hence the term "roaming." However, there have been incidences where students may receive support from an RA on more than one occasion. This could be because the student has been allocated to a team the RA is supporting or if any learning and development issues have been identified. In the context of nursing education, roaming assessors are typically registered nurses who have been trained to provide assessment and feedback to students. They may be employed by an academic institution or by the health or care organisation where the students are placed, and their role is to ensure students receive high-quality clinical education experiences as well as timely assessment. RAs observe students as they perform clinical tasks and procedures, provide feedback on their performance, and help students reflect on their learning. This helps students identify areas where they need to improve and develop their clinical reasoning and judgement skills. RAs can also help to ensure that assessments are consistent and standardised and that students receive a comprehensive and well-rounded educational experience, especially if multiple students are being assessed. RAs are essentially practice assessors, but are independently located, mobile, and can assess across whole health and care systems and beyond rather than being limited or restricted to a particular clinical environment or service.

These roles are governed by the NMC’s (2023) SSSA which guides the expectations and responsibilities of those involved in the supervision (sections 2 to 5) and assessment (sections 6 to 10) of student nurses and midwives in the United Kingdom in addition to defining the roles of practice supervisor, practice assessor, and academic assessor (table 2). The Standards are designed to help ensure that students receive a high-quality education experience that prepares them for entry to the NMC register and their future careers in nursing and midwifery (section 1).

**Table 2: Roles involved in student supervision and assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Description** | **Function** | **Student Support** |
| **Practice Supervisor** | Individuals, often experienced practitioners, who provide supervision to nursing, nursing associate, or midwifery students during their practical training. | They oversee the day-to-day learning experiences and progress of students in clinical settings, ensuring alignment with educational standards. | Offer real-time feedback, guidance, and support, helping students apply theoretical knowledge in practice and achieve their learning outcomes. |
| **Practice Assessor** | Registered nurses, nursing associates or midwives tasked with formally assessing the student's practical learning and competencies. | Responsible for making judgments about the student’s fitness for practice, based on their performance in practice settings. They work closely with practice supervisors to evaluate students' abilities. | Provide comprehensive assessments of students' practical skills, offering constructive feedback and ensuring students meet the necessary competencies for professional practice. |
| **Academic Assessor** | Faculty members or academic professionals who assess the theoretical and academic aspects of the student's learning. | They evaluate the student’s academic work, including assignments and theoretical examinations, and collaborate with practice assessors to form an overall assessment of the student’s competency. | Bridge the gap between theoretical knowledge and practical skills, providing guidance on academic challenges and ensuring a holistic assessment of the student’s capabilities. |

The RA role has similarities with other clinical educator roles who, essentially, educate in practice (Hesketh et al. 2001; Higgs and McAllister 2007a; Higgs and McAllister 2007b) but the RA role is different and distinct from the clinical educator role. Clinical educators support students to become competent practitioners, ready to enter the workforce (Higgs and McAllister 2007b), however, their remit is usually broader and encompasses the full range of learning and development students need whereas the RA role is focused mostly on assessment in practice. They may, therefore, provide more opportunities for standardised, fair, and consistent assessment. The RA role was borne out of changes to the NMC’s Standards, and its development was accelerated by the COVID-19 pandemic where many students experienced stress in addition to making less progress than expected due to placement interruptions resulting from the availability of supervisors and assessors exacerbated by staffing levels, suspension of placements, and service disruption (Masha'al et al. 2020; Swift et al. 2020; Casafont et al. 2021; Suliman et al. 2021).

This article aims to explore the use of practice learning facilitators as roaming assessors (RAs) for student nurses in the United Kingdom (UK). It also aims to examine the potential benefits and limitations of this approach and explore its implications for the future of nursing education.

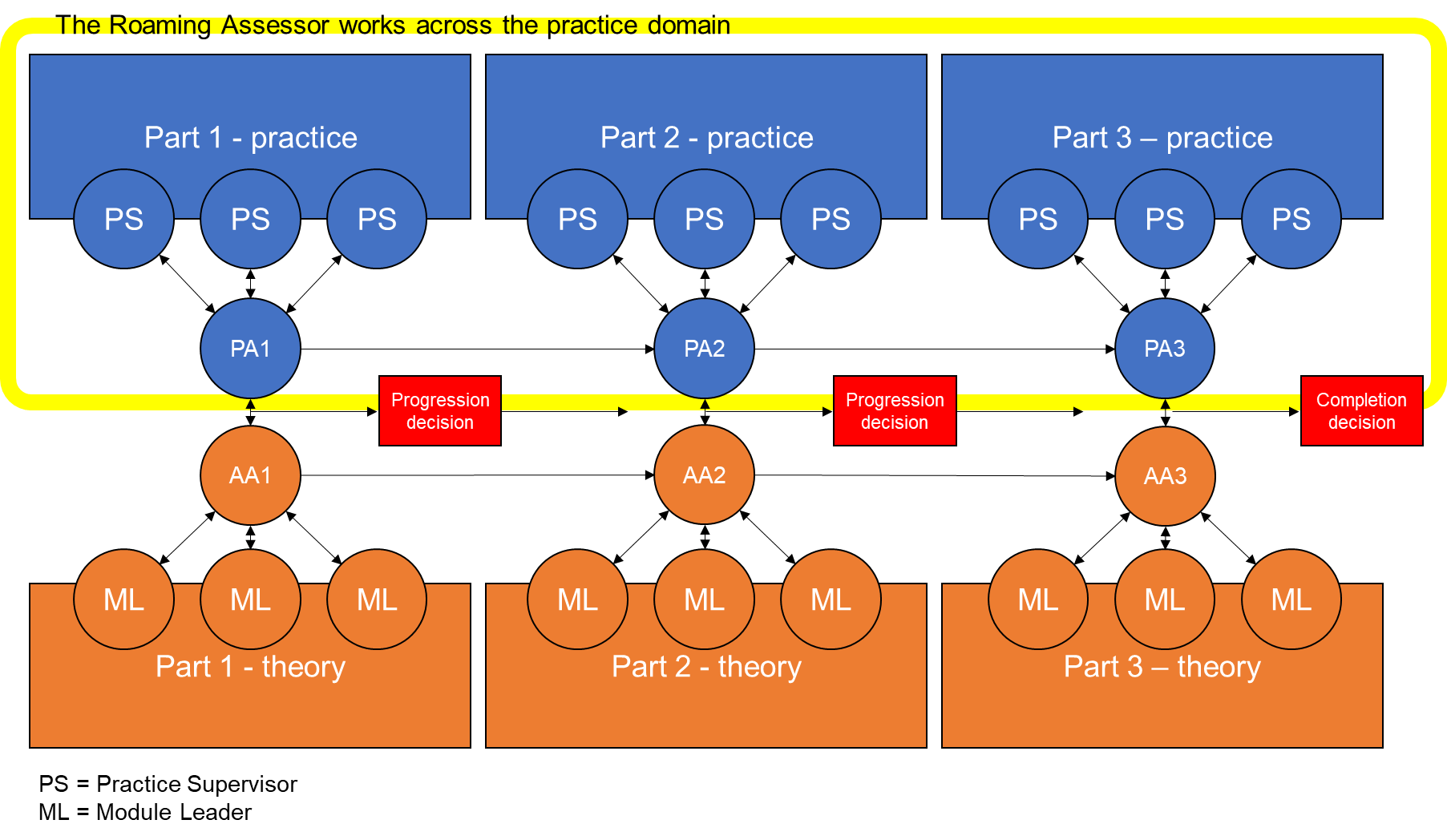
# **THE DERBYSHIRE MODEL OF ROAMING ASSESSMENT**

In 2021, Derbyshire Healthcare National Health Service (NHS) Foundation Trust (DHCFT) used Clinical Placement Expansion Project (CPEP) funding to invest in the development of two RA roles. DHCFT works in partnership with Derbyshire Community Health Services (DCHS) and covers the whole of Derbyshire and provides a range of primary and community services including children's services, integrated community services, general practitioner services (GPs), health, wellbeing and inclusion services, planned care, and specialist services (DHCFT, 2023). The geography of Derbyshire is unique, covering an area of approximately 1000 square miles and having a population of just over a million. There are a small number of population centres including Chesterfield, Derby, and Buxton, and a number of towns and villages spread across the county, leading to a dispersed distribution of services. Derbyshire also covers the Peak District, an area of outstanding natural beauty. This also provides challenges in terms of service provision and transport. Because of this, DHCFT provides a wide variety of services across many centres and places across Derbyshire. Student nurses are placed in most of these services and originate from the University of Derby, the University of Nottingham, Nottingham Trent University, and Sheffield Hallam University. Student nurses are often placed in teams across DHCFT where there are a small numbers of registered professionals, meaning that most are required to act as practice supervisors. This prevents their ability (due to the requirements of the NMC SSSA) to be practice assessors because the practice assessor may not simultaneously be the practice supervisor or academic assessor for the same student. Therefore, DHCFT, in partnership with HEIs, developed the role of the Roaming Assessor to support the assessment of students in practice.

DHCFT employs two RAs who undertake practice assessments for student nurses across Derbyshire. These RAs are the first point of contact for registered nurses undertaking the practice supervisor role. They also handle enquiries about NMC SSSA training and from supervisors who need support or guidance regarding practice assessment. RAs also provide support with delivering quality supervision and assessments and work with HEIs to ensure that students are assessed in a timely and appropriate way. RAs monitor the student experience in practice areas and have developed a support network for practice assessment across the county. The roles were initially funded by the CPEP via Health Education England (HEE) (Health Education England, 2020), although they have been continued for another year supported by placement tariff funding (a central funding mechanism whereby organisations receive financial support from NHS England to accommodate students on placement).

RAs support practice supervisors and provide additional support for learning in practice through the provision of drop-in sessions for specific skills or knowledge development. Their primary roles are to support students in clinical areas struggling for assessors, assist teams to return to pre-COVID-19 numbers of students, placement expansion, increasing compliance with supervisor and assessor training, and maintaining adherence with the NMC Standards.

The RA also works with Academic Assessors and link lecturers (academic staff identified to support particular organisations or clinical environments) across the University network working proactively to promote effective and reliable assessment for students in practice. They provide support, develop action plans, and work alongside Academic Assessors to support practice supervisors in ensuring and promoting student achievement and progression (NMC, 2023). Conceptually, the RA works across the practice domain of the SSSA process performing the practice assessor role when required working alongside the Academic Assessor (figure 1).



***Figure 1: Conceptual model of how the roaming assessor may work across the practice domain (AA=academic assessor, PA=practice assessor, PS=practice supervisor, ML=module leader)***

# **IMPACT AND ACTIVITIES OF THE ROLE**

DHCFT appointed two RAs on a 12-month fixed-term basis, who have supported more than 300 students as of February 2023. They have trained 30 Assessors from 10 different teams with more sessions being planned over the coming months. 6% of teams within the trust have returned to pre-pandemic placement numbers with RA support. In the academic year 2021-2022 62 placement opportunities were not offered due to a variety of factors including no availability of practice assessment. Since the implementation of the RA role, no placements have been cancelled. Students have also been able to be placed at short notice due to RA support (because RAs could provide trained practice assessment capability where there previously was none, and completing training would have taken time). There has been a 2% increase in placements offered since the introduction of the RA role. Knowledge of the RA role has increased across the County and demand for the roaming assessor function has increased.

RAs have also supported students who are struggling with progression in practice because they have needed more time to train, practice, or gain proficiency. These situations can arise when staff are unable to dedicate enough time to support students, however the RA may have time to support this. In one example, support from the RA provided additional support and training towards proficiencies as well as objective advice on how best to help students to achieve their goals. The impact of this was the successful completion of the placement by the student. The RA has also supported new teams to accept students for the first time, thus increasing and expanding placement capacity.

RAs have also provided a virtual placement for nearly 100 students from the University of Derby as part of their programme. Virtual placements are curated learning experiences consisting of online learning, case-based learning, virtual patients, and real patient encounters for students to engage in directed learning based on specific competencies or proficiencies, whilst receiving support and contact with practice supervisors and practice assessors (Verkuyl and Mastrilli 2017; Taylor et al. 2021; Wagg and Morgan 2022). RAs provided the practice assessor function for these virtual placements as well as providing some teaching and role-play scenarios.

# **FEEDBACK FROM STAFF AND STUDENTS**

Feedback on the RA role has been received both formally and informally, from students, supervisors, and via placement evaluations. Although statistical feedback has not yet been collected, anecdotal feedback about the role has been positive, reflecting how the role has given them opportunities particularly if their supervisors have been in busy clinical areas. Students have said the role has enabled them to learn and be assessed at a faster rate than previously, and that RAs make the assessment process smoother due to their experience and time available to undertake assessment. This has improved the rate of practice assessment document completion, and therefore programme completion.

Clinical teams have anecdotally reported that it allows staff to focus on the student experience and their learning opportunities, removing the time-consuming aspect of the assessment. Although they recognise the importance of assessment, the process of undertaking an assessment thoroughly can take time. Clinical teams have said they feel able to contact RAs if they need practice assessment support. Clinical teams have also contacted Roaming assessors on how they can provide better learning opportunities for their students. RAs are currently in discussion with clinical teams on developing resources to provide additional information about practice assessment and using the tools of assessment tailored to a student's stage in the programme. They also said it was beneficial to have an external assessor who could provide an objective perspective, particularly in cases where there was uncertainty or difficult in reaching an assessment decision. Roaming Assessors expressly seek to neutralise psychological biases in the assessment process for example Hawthorn, Halo, and Horn effects (West 2007; Kondrasuk 2012; Hull and Sevdalis 2015). The Hawthorne, Halo, and Horn effects represent significant biases that can influence the assessment and learning experience of students. The Hawthorne effect refers to the phenomenon where students alter their behaviour due to the awareness of being under observation. This might lead to an improvement in a student nurse's performance, not necessarily reflecting their true capabilities, but rather as a response to being closely monitored by their supervisors. This could result in an overestimation of their abilities in everyday clinical practice. Conversely, the Halo effect occurs when an assessor’s overall positive impression of a student, possibly influenced by just one positive aspect, leads to a biased overall assessment. For example, a student nurse with exceptional communication skills might be perceived as competent across all areas of nursing, which could mask areas requiring further development. The Horn effect is the opposite, where a single negative trait or incident disproportionately impacts the assessor's perception, potentially leading to an undervaluation of the student's overall abilities and potential.

Roaming assessors, who operate across a variety of clinical settings, can play a pivotal role in mitigating these effects. Their broader exposure and experience in different environments allow them to offer a more objective and diverse perspective. Unlike assessors who might regularly work with the same students in a single setting, roaming assessors are less likely to develop biases based on frequent interactions or isolated incidents. Therefore, their assessments may provide a more balanced and unbiased view of a student nurse's competencies and areas for improvement, enhancing the fairness and effectiveness of the learning and assessment process in nursing education. These issues contributed significantly to the separation of the assessment function in the NMC SSSA (NMC, 2023) and RAs are able to take this separation even further.

# **BENEFITS OF THE ROAMING ASSESSOR ROLE**

Assessment is a challenging and complex process (Crow, Chase and Lamond 1995; Helminen, Tossavainen and Turunen 2014) but is a vital component of nursing and student learning in practice (Bisholt et al 2014; Immonen et al 2019). Failing to fail, whereby students obtain pass grades but do not display satisfactory clinical performance, is a well-recognised process (Duffy 2003; Docherty and Dieckmann 2015; Hughes et al. 2015; Hunt et al. 2016). The reasons for this are multifactorial including lack of support for supervisors and assessors, lack of confidence by assessors, the time requirement, and the emotional impact of failing a student due to emotional investment in them by the assessor (North, Kennedy and Wray 2019). The RA role can circumvent these issues by providing time, confidence, trained support, and minimal emotional investment in students. Therefore, the RA could potentially prevent failure to fail by removing any potential psychological biases within the assessment process, a recognised phenomenon (Narayan 2019; O’Sullivan 2023).

Assessments are a highly stressful element of a student’s learning process in what is already recognised to be a stressful occupation (Rocha et al. 2013; Gebhart et al 2020). RAs have the opportunity to reduce stress by providing support throughout the assessment process, as well as improving students’ understanding of practice assessment instruments.

As identified previously, student nurses are often placed into teams with small numbers of registered nurses preventing them from acting as assessors. The RA role removes the need for these registered nurses to provide the assessor role, and they can concentrate on the process of supervision and development thereby removing any potential barriers to assessment later. However, importantly, they still contribute to the process of assessment. Students, and their supervisors, can focus on the vital process of learning to ensure they reach the appropriate level of competence before entering the profession (Lovecchio et al. 2015; Tomietto 2018; Immonen et al. 2019).

Work undertaken by Universities and HEE via the Clinical Placement Expansion Programme (CPEP) (HEE, 2020) has meant there has been an increased focus on the expansion and generation of placements. Although this work began pre-2020, this has accelerated since the COVID-19 pandemic during which there were significant shortages of placements (Swift et al. 2020; Agu et al. 2021; Chan et al. 2021; Ulenaers et al. 2021). Considering the impact of COVID-19, student nurses were subjected to placement cancellations and changes which impacted their learning and development. This led to some students not performing at the expected level (Radu, 2020, Ramos-Morcillo et al, 2020). The NMC introduced emergency and recovery standards during the COVID-19 pandemic to address some of these challenges, although these were reviewed in 2021/2022 (NMC, 2023). The RA role has evolved since its introduction to meet the needs of student nurses in practice, providing teaching where relevant knowledge and skills for qualification may be lacking. The role has also developed the five qualities associated with robust practice assessment in other practice assessors: dependability, solidarity, tenacity, audacity, and integrity (Hunt, 2019).

The RA role has a significant opportunity to engage in placement generation and expansion because they are very active in placement networks. As part of these networks, RAs work across Universities, integrated care systems, organisations and the private/voluntary/independent sectors thereby improving collaborative working. They may work with link lecturers and academic assessors to prepare students for their recovery or retrieval placements through development and action planning. These activities often take time, and dedicated support for these activities may be helpful. The role is also able to open or re-open new placements where there are small numbers of registered nurses or there have been quality issues previously (because RAs have a role in the quality improvement and enhancement of placement experiences.

# **LIMITATIONS OF THE ROAMING ASSESSOR ROLE**

Whilst there are many benefits of the RA role, there are also limitations, and these should be acknowledged. Because RAs perform practice assessments on such a regular basis, there is a risk that these could be seen as routine, and RAs could develop complacency. Complacency can occur when similar actions are repeated many times, and assessors could potentially miss concerns (McGregor 1997; Gershenson 2020; Pampati et al. 2020), risking a change to the level of standards. They may also fail to recognise individual circumstances, and whilst this can be useful to prevent bias during the assessment process (West 2007; Kondrasuk 2012; Hull and Sevdalis 2015), sometimes there does need to be a recognition of individual circumstances. The NMC’s policy changes have resulted in a reduction in the role of mentorship and support/decisions are separated into the separate functions of practice assessor, practice supervisor, and academic assessor. This separation may result in gaps, so ensuring experiences remain holistic is important (Royal-Fearn, 2019). However, this is a limitation of the SSSA rather than the RA role.

There can occasionally be difficulties in communication between the RA and the practice supervisor, despite the NMC SSSA (NMC 2018) requiring the two roles to communicate regularly about students’ performance, attainment, and conduct. These communication difficulties originate from the RA and practice supervisor not being co-located. Because of this, on occasions when the Practice Supervisor is not co-located or available, the RA must rely on information provided by the student or in written format only from the Practice Supervisor. This could lead to inconsistencies in the assessment process or an inaccurate judgement of the student’s abilities. Lack of communication between the academic assessor and the RA can also be a problem particularly in the instance of failing students. Students may also not like the process of being assessed by someone unknown to them, but this may decrease over time as awareness of the RA role increases throughout practice learning environments. This is particularly an issue for apprentices, who could feel there is a conspiracy to fail them or that the assessment process is not independent enough.

The workload for two RAs is high because they support a whole Trust across a large geographic area. There is a risk that an RA may be unable to assess a particular proficiency due to capacity, or if it not within their scope of practice. As the service expands and the requirement for RAs becomes embedded in business as usual, the ability to provide a quality RA service may become problematic if demand for the role continues to increase. This can be mitigated by the recruitment of additional RAs, however, the cost of implementing these two roles is in the region of £85,000 per annum. This represents a significant investment and although this was funded by CPEP monies initially, however, this funding has now ceased, and the Trust is funding these roles with placement tariff income. It may become challenging to fund these roles on an ongoing basis.

# **LOOKING FORWARD**

There appears to be a bright future for the RA role. This innovative way of working has potentially demonstrated positive impact on the availability of placements and the quality of experience students receive. The flexibility of the role allows RAs to support students in a variety of clinical areas modifying work times, resources, and training to meet the needs of the student. RAs have been a trial in the first instance, but this has been extended from its original term of 12 months to 24 months. The roles have been extended because the need for placement support and practice assessments is forecasted to increase, based on an increase in student numbers. This reflects the ongoing need to provide quality practice learning experiences for all students. The DHCFT RAs will continue to offer support for teams struggling to provide the assessor function, whether that be due to sickness or staffing issues. They will also continue to offer teams support with student assessment. RA’s will continue to assess students offering them support for their learning and development needs.

RAs will continue to work with HEI partners on the development of quality placements, as well as providing enhanced development for reflective writing skills and knowledge. This is to assist with the application of both the theoretical and practical elements of learning and development. RAs are also working on innovative ways to increase placement capacity. They will also continue to develop Practice Assessors and Supervisors to contribute to and assess students in an effective, open, and transparent manner.

Further work needs to be undertaken to evaluate the roles more formally including their impact on the accuracy, validity, and reliability of practice assessment, their impact on placement quality, and their impact on clinical nursing teams’ workloads and working experience. The student experience should also be assessed for the impact of Roaming Assessors. The outcome of this evaluation could inform future funding opportunities. Funding is vital for these roles to continue, and these roles could be supported by Trusts with placement tariff or by central bodies such as HEE or NHS England (e.g. through targeted activities such as CPEP).

# **CONCLUSION**

This article aimed to explore the use of practice learning facilitators as RAs for student nurses in the United Kingdom by examining the implementation of the role in DHCFT. It also aimed to examine the potential benefits and limitations of this approach and explore its implications for the future of nursing education. The RA role can support students learning in practice and may improve standardisation and quality of assessment, based on the NMC SSSA standards. RAs provide opportunities to develop placements and the process of practice assessment to ensure it is fairer and more equitable for all. Future research should focus on assessing the impact of the roaming assessor role on student nurses more directly and considering the impact it has on practice environments. This role could, if demonstrated to have impact, be deployed across other professional roles where learning and assessment are requirements. Discussions are currently ongoing between RA’s and the expansion of this role into allied health professionals.

In conclusion, the implementation of roaming assessors (RAs) in Derbyshire Healthcare NHS Foundation Trust has shown potential benefits for student nurse learning and assessment. RAs may promote standardisation and quality of assessment based on the NMC SSSA standards and could have a positive impact on student experience and placement quality. Universities and practice learning partners should consider the potential of RAs as an innovative method of collaboration and improvement for the student nurse experience.

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